****

**Expression of Interest Form 2020**

MHELO is a network of people in Gloucestershire with lived experience of mental ill health. We are affiliated to Inclusion Gloucestershire, and provide opportunities for people with lived experience of mental ill health to work together to have a voice and help improve mental health services and wellbeing in the county.

|  |  |
| --- | --- |
| **Please tell us how in which way you would like to be involved in MHELO?** | **Please tick?** |
| As a **Network member** to receive information about mental health topics, events and so on throughout the year. And to share your views, ideas and experiences in order to improve mental health and wellbeing services. |  |
| As a member of our **Steering Group** to actively guide how we work, and to share your views, ideas and experiences in order to improve services and wellbeing. |  |
| **NB:** Sharing your views, ideas and experiences may be through face to face meetings, online meetings, group chats & social media, and would be based on the topics you have told us you are interested in).  Information will be shared with you via email, text & social media. |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Which social media do you use e.g. Twitter, Facebook, Instagram etc?** |  |
| **Which apps do you use to communicate e.g. Text Message, Messenger, WhatsApp, Zoom etc?** |  |
| **Which area of Gloucestershire do you live in?** |  |
| **Are you interested in attending face to face group meetings?** |  |
| **Are you interested in attending virtual meetings using Zoom etc?** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |
| Please tell us about anything we could do to help you become more involved **OR** other information you feel would be helpful for the group to be aware of e.g. your work situation, support needs, your health and wellbeing, communication needs, emotional support, or if you simply need a friendly face to help you through the door. |  |
| What topics particularly interest you? The reason we are asking this is so that we can approach you when these topics are being explored and developed in order to gain your views (tick all that apply to you): | |  | | --- | |  |   Living with Depression   |  | | --- | |  |   Borderline Personality Disorder   |  | | --- | |  |   Schizophrenia   |  | | --- | |  |   Self Care   |  | | --- | |  |   Prevention   |  | | --- | |  |   Support to my family   |  | | --- | |  |   Supporting children and young people with mental ill health   |  | | --- | |  |   Criminal justice system and those with mental ill health   |  | | --- | |  |   Employment and support   |  | | --- | |  |   Housing   |  | | --- | |  |   Building and maintaining friendships and  relationships   |  | | --- | |  |   Advance Care Documents (planning for the future)   |  | | --- | |  |   Inpatient mental health units   |  | | --- | |  |   Crisis services and support   |  | | --- | |  |   Primary care (GP Practices, Dentists, Pharmacists, Opticians)   |  | | --- | |  |   Acute hospital services – including Accident and Emergency   |  | | --- | |  |   Detention under the Mental Health Act   |  | | --- | |  |   DWP and benefits   |  | | --- | |  |   Voluntary sector re: care and support   |  | | --- | |  |   Mental Health services   |  | | --- | |  |   Community Based Support   |  | | --- | |  |   Physical health and wellbeing   |  | | --- | |  |   Psychosis   |  | | --- | |  |   Alternative therapies   |  | | --- | |  |   Psychological therapies   |  | | --- | |  |   Data Protection – what can and cannot be shared   |  | | --- | |  |   Carers/relationship with carers   |  | | --- | |  |   BAME (Black, Asian and Minority Ethnic)   |  | | --- | |  |   Other: please state |
| Are you involved with any other organisations in relation to mental health? If so, would you mind telling us which ones? |  |
| Do you identify as (please tick all that apply to you): | |  | | --- | |  |   Someone with lived experience of mental ill health   |  | | --- | |  |   Professional   |  | | --- | |  |   Carer/family member |

*Thank you for completing this form. Your information will be held safely and securely by MHELO and Inclusion Gloucestershire for a period of 3 years from the date you complete the form. Your personal information will not be shared with any other parties although anonymised data regarding the living localities, communication preferences, age and ethnicity and areas of interest of our members will be collated and used to guide our involvement with you and others.*

|  |  |
| --- | --- |
| Date form completed: |  |
| Signed: |  |

*Please return your form*

* *By post to: MHELO Co-ordinator, Inclusion Gloucestershire, 2 St Michaels Court, St Michaels Square, Brunswick Road, Gloucester, GL1 1JB*
* *By email to:* [info@mhelo.co.uk](mailto:info@mhelo.co.uk)
* *Hand in at the reception desk at today’s event*

**MHELO June 2020 v5**